

WAS-1330.18d
Attachment A

INFORMAL RESOLUTION ATTEMPT

In accordance with Program Statement 1330.18b, Administrative Remedy Program, this form will serve as documentation by the respective staff member and the Unit Manager to indicate an informal attempt to resolve the complaint of the following inmate.

A BP-9 WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM ATTACHED.

NAME: FELKINS, Kristy REGISTER NO: 56443-048
DATE ISSUED: 5/17/24 STAFF: Akoziok

1. Nature of complaint (to be completed by Inmate):

I received a RLS denial from Warden Segal and would like to seek my admin rem. I believe that I have shown extraordinary circumstances that justify reduction in sentence / compassionate release under U.S.S.C. Section 181.13(b)(5) due to interruption in medical care, programming and that my family can not realistically visit in person and my continued incarceration puts extraordinary hardship on my family."

FOR STAFF USE ONLY (to be completed ordinarily within 15 calendar days)

2. Date received from inmate: 5/18/24
3. Staff member assigned by Unit Manager: _____
4. Efforts made to resolve the problem: _____

5. Applicable Program Statement used in this informal resolution attempt: _____
6. Inmate's response to informal remedy attempt: _____

Prepared by: _____
Received by Unit Manager: _____
Date returned to inmate: _____

Don't need to
file a TSP-8
for RLS rejection.
Return to IM.

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I am requesting that the BoP files a motion with Honorable Judge Nunley in the US District Court for the Eastern District of California, case number 2:20-Cr-00175-TLN to reduce my sentence to time served, followed by a three year term of supervised release. I believe I have shown extraordinary circumstances that justify compassionate release under US 56 section 1B1.3(b)(5) due to: programming interruption, mental medical care interruption and my continued incarceration puts extraordinary hardship on my family. I have attached a copy of the letter filed on my behalf to the warden to this form.

5/22/24

DATE

[Signature]

SIGNATURE OF REQUESTER

Part B - RESPONSE

See Attached Response

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

THIRD COPY: RETURN TO INMATE

CASE NUMBER: 12C1050-11

Part C - RECEIPT

CASE NUMBER: 12C1050-11

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

Requirement for submission of this request directly to the Regional Director, Bureau of Prisons.

When the inmate believes that he may be adversely affected by submission of this request at the institution level because of the sensitive nature of the complaint, he may address his complaint to the Regional Director. He must clearly indicate a valid reason for not initially bringing his complaint to the attention of the institution staff.

If the inmate does not provide a reason, or if the Regional Director or his designee believes that the reason supplied is not adequate, the inmate will be notified that the complaint has not been accepted. The form sent to the Regional Director will not be returned. However, the inmate may prepare a new request and submit it at the institution if he wishes

ADMINISTRATIVE REMEDY RESPONSE

Log No.: 1201080-F1

This is in response to your Request for Administrative Remedy received in my office on May 29, 2024. You are seeking to appeal your reduction in sentence (RIS) denial based on extraordinary and compelling reasons. Furthermore, loss of ability to have face-to-face family visits, interruption of medical care, education, and programming, and family circumstances of providing care for your children.

Title 18 of the United States Code, section 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the Bureau of Prisons (BOP), to reduce a term of imprisonment for extraordinary or compelling reasons. BOP Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), provides guidance on the types of circumstances that present extraordinary or compelling reasons, such as the inmate's terminal medical condition; debilitated medical condition; status as a "new law" elderly inmate, an elderly inmate with medical conditions, or an "other elderly inmate"; the death or incapacitation of the family member caregiver of the inmate's child; or the incapacitation of the inmate's spouse or registered partner.

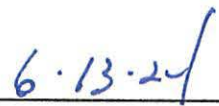
Your RIS request was evaluated consistent with this general guidance, and you received a Response to Inmate Request to Staff on May 6, 2024, detailing the basis for your RIS denial. You have presented no additional information that would meet criteria for RIS provisions.

Your Request for Administrative Remedy is denied.

If you are dissatisfied with this response, you may file an appeal with the North Central Regional Director, Federal Bureau of Prisons, North Central Regional Office, 400 State Avenue, Tower II, Suite 800, Kansas City, Kansas 66101-2492, within 20 (twenty) calendar days of the date of this response.



Michael Segal, Warden



Date

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Felkins, Kristy, L 56443 048 A FCI WAS
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I believe the warden should have granted my request for the Bop to file a compassionate release motion based on the following reasons: programming interruption, mental and medical care interruption, loss of ability to have family visits and the extraordinary hardship my continued incarceration puts on my family. I recieved the denial to my initial Administrative Remedy Request on June 14 2024.

6-19-24

DATE

Kristy Felkins

SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

THIRD COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 1251052-R

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL



**U.S. Department of Justice
Federal Bureau of Prisons
North Central Regional Office**

**Regional Administrative Remedy Appeal
Part B - Response**

Administrative Remedy Number: 1201080-R1

This is in response to your Regional Administrative Remedy Appeal received June 25, 2024, in which you state you were inappropriately denied consideration for a reduction in sentence (RIS) under 18 U.S.C. § 3582 (c)(1)(A). For relief, you request reconsideration.


We have reviewed your appeal and the Warden's response dated June 13, 2024. A request for reduction in sentence under 18 U.S.C. § 3582 (c)(1)(A) will be considered when there are extraordinary and compelling reasons which warrant the reduction, there is no danger to the safety of any other person or to the community, and the reduction is consistent with policy. As indicated in the Warden's response, your request was evaluated by staff at the Federal Correctional Institution, Waseca, Minnesota. In making the decision, staff thoroughly reviewed your records and found your circumstances did not meet the policy requirements as outlined in Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C §§ 3582 and 4205 (g). Therefore, a RIS is not appropriate at this time.

Based on the above information, this response to your Regional Administrative Remedy Appeal is for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Office of General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the Office of General Counsel within 30 days from the date of this response.

7/25/2024

Date


Andre Matevousian, Regional Director

8-7-24
as

Type or use ballpoint pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: Felkins, Kristy, L 56443048 A Waseca, FCI
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL

I disagree with the decision I received regarding my Administrative Remedy Appeal Request that I filed on 6-19-2024, and I am filing another appeal. I Believe my request for the BOP to file a compassionate release motion should be granted based on the following reasons: Programming interruption, mental and medical care interruption, loss of ability to have family visits and the extraordinary hardship my continued incarceration puts on my family.

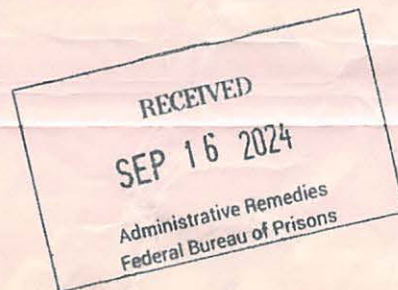
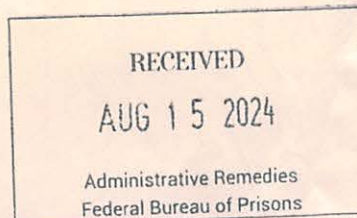
9-7-2024

DATE

Kristy Felkins

SIGNATURE OF REQUESTER

Part B—RESPONSE



DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C—RECEIPT

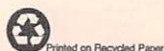
CASE NUMBER: 1201080

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

USP LVN



SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

Exhibit A, p. 7

Administrative Remedy No. 1201080-A2
Part B - Response


This is in response to your Central Office Administrative Remedy Appeal wherein you challenge the denial of your request for a Reduction in Sentence (RIS) based on extraordinary and compelling reasons. You claim to be eligible for a sentence reduction due to an interruption of medical treatment, lack of face-to-face visiting, education and programming accomplishments, and family circumstances involving the care of your children. For relief, you request a RIS.

Title 18 of the United States Code, § 3582(c)(1)(A), allows a sentencing court, on motion of the Director of the BOP, to reduce a term of imprisonment for extraordinary and compelling reasons. Pursuant to Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), the following criteria may be used to file for a RIS: Terminal Medical Condition, Debilitated Medical Condition, Elderly Inmates, Death or Incapacitation of Family Member Caregiver, and Incapacitation of a Spouse or Registered Partner. Additionally, after a request for compassionate release has met criteria in one or more of Secs. 3, 4, 5, and 6, the request will then be evaluated according to Section 7 criteria to determine if the reduction is warranted and consistent with policy.

A review of the administrative record reveals the Warden and Regional Director have already appropriately addressed your request. An inmate may direct a RIS request to the Bureau of Prisons pursuant to 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g) only when there are extraordinary or compelling circumstances that could not reasonably have been foreseen by the court at the time of sentencing. You are designated medical Care Level I, generally healthy. The Warden and Regional Director determined you do not provide "extraordinary and compelling reasons" or other supporting evidence which warrant a RIS pursuant to 18 U.S.C. § 3582(c)(1)(A). Thus, staff appropriately determined your reduction in sentence request directed to the Bureau does not meet criteria for relief.

Accordingly, your request is denied.

09-20-24
Date


Timothy Barnett, Administrator
National Inmate Appeals